SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION VETERANS EDUCATION AND TRAINING – STATE APPROVING AGENCY

1333 Main Street, Suite 200, Columbia, SC 29201 Voice: (803) 737-2330 Fax: (803) 737-3610

ON-THE-JOB TRAINING/APPRENTICESHIP PACKET INFORMATION SHEET

The following information describes each form in your Enrollment Packet and tells you who has to complete and/or sign each form.

Memorandum to Participants

Explains procedures for record-keeping, receiving checks, reporting changes, and information concerning the VA's current payment rates. This document should be retained by the Veteran.

VA Form 22-1990-Application for Benefits

Completed and signed by Veteran if this is the first time GI Bill educational benefits have been used.

VA Form 22-1995- Request for Change of Program or Place of Training

Completed and signed only if Veteran has previously used GI Bill educational benefits.

VA Form 22-1999- Enrollment Certification

Must be completed by designated Certifying Official or Training Officer. SAA representative will review and sign.

VA Form 21-686c-Declaration of Status of Dependents

Completed only if military service or delayed entry began prior to January 1, 1977.

Verification of Employment Date and Salary and Hours Worked per Month to Date

Must be completed or reviewed by Human Resources/Personnel, Supervisor, or Training Officer.

Preparer/Reviewer will sign.

Veteran will review and sign.

Personal Data Sheet

Veteran will complete and sign.

Trainer/Supervisor/Certifying Official will review and sign.

SAA representative will review and sign.

Training Agreement

Cover is a rough draft copy to be completed by Veteran, Certifying Official and SAA representative.

Veteran, Certifying Official, and SAA representative will sign rough draft.

Data will be keyed and printed on Page 2. Thus, Page 2 is for signatures only.

<u>Certification of Authorization to Review/Release Records/Statement of</u> Responsibility

Signed and dated by veteran.

Training Outline

Specifies length of training, Department of Labor codes and standards, and training specific to the establishment. Serves as the basis for activities listed in the "Description" column of the <u>Attendance and Progress Reports.</u> If included in this packet, this form should be retained by the veteran.

In addition to the forms listed, you should also include:

Copy 4 of your DD Form 214 or a Notice of Basic Eligibility (NOBE), and

A voided check or deposit slip.

(Note: Enrollments can be backdated up to one year. Time beyond one year can not be certified.)

Attendance and Progress Reports

Form should be completed for each month following the initial enrollment period in the OJT/APP program, signed by the Veteran and Trainer/Supervisor, and placed on file with the Certifying Official. Includes an example of a completed form and blanks to be used for each month following the initial enrollment period. (May be copied as necessary.)

-MEMORANDUM

FROM:

Veterans Education and Training Coordinator

SC State Approving Agency (SAA)
SC Commission on Higher Education

TO:

On-the-Job Training (OJT)/Apprenticeship Claimants

SUBJECT:

US Department of Veterans Affairs (VA) OJT/Apprenticeship Program

We are happy that you are interested in participating in a VA OJT or Apprenticeship program. You must be currently eligible for a GI Bill or a VA Dependents' Educational Assistance program to participate.

Enclosed is an OJT/Apprenticeship enrollment packet for you to complete and turn in to the Training Officer/VA Certifying Official at your place of employment. The Information Sheet describes each form in the packet and guides you in completing the forms that apply to you. The VA Certifying Official at your place of employment will need to complete some of the forms as well. The packet should then be forwarded to our office for processing.

The following frequently asked questions and answers should enable you to better understand how the program can work for you:

1. AFTER COMPLETING AND SUBMITTING MY ENROLLMENT PACKET, WHAT ARE MY RESPONSIBILITIES?

Each packet contains a supply of <u>Attendance and Progress Reports</u>. Instructions for completing these forms are included with your enrollment packet. <u>You are responsible for completing one of these reports for every month that you have worked since you applied for enrollment.</u> You must record the number of hours you worked in each major part of the training outline on a daily basis. Be sure to record your current wage and the effective date in the spaces provided at the top of each form.

Once you have completed and signed the <u>Attendance and Progress Report</u>, you are responsible for giving the report to the VA Certifying Official at your place of employment every month. Please note that our agency conducts annual reviews at all OJT/Apprenticeship facilities <u>and may require suspension of your VA OJT/Apprenticeship program if you fail to complete and turn in the Attendance and Progress Report on a monthly basis.</u>

2. HOW WILL I KNOW WHEN MY PAPERWORK HAS BEEN APPROVED AND FORWARDED TO THE US DEPARTMENT OF VETERANS AFFAIRS (VA) IN DECATUR, GA?

Our office will mail a copy of the Training Agreement and Training Outline to you on the same day that we send the packet to the VA. Our office will also mail a copy of your enrollment packet to the VA Certifying Official at your place of employment.

3. WHEN WILL I RECEIVE A VA CHECK?

The OJT/Apprenticeship process is slow. Most VA Education programs are electronically processed; however, most OJT/Apprenticeship claims are processed manually by a "hard copy team" at the VA Service Center in Decatur, Ga. Usually, OJT/Apprenticeship participants will have correspondence from the VA within 120 days of the date the VA received their paperwork.

4. WHAT SHOULD I DO IF I HAVE NOT HEARD ANYTHING FROM THE VA WITHIN 120 DAYS?

If you have not heard from the VA within 120 days of the receipt of our letter, you should make an inquiry via one of the following methods:

- Email the VA at attrps://dx.va.gov and make sure you give them your full name, social security number, the date your paperwork was sent by this office to the VA, and identify that your claim is for an OJT/Apprenticeship program. Inquiries are generally responded to within 10 working days.
- Or, you can call the toll-free number at 1.888.442.4551 and make an inquiry. Provide the same information as with an email inquiry.

If for some reason the VA is unable to identify your claim or requires additional information, the VA Certifying Official at your place of employment can make an inquiry with this agency or with the VA on your behalf.

5. HOW ARE PAYMENTS MADE?

When you first enroll in the program, you and your VA Certifying Official should provide the months/hours you have already worked since your hire date. If you were hired more than a year before you filed a claim for a VA OJT/Apprenticeship program, please note that the VA can pay retroactively for only one year from the date they receive the forms from our office. Then, assuming you have a GI Bill or Dependents Educational Assistance entitlement, the first check would be based upon the months/hours worked since you were hired into your current job.

6. HOW CAN I ENSURE THAT I RECEIVE THE REMAINING MONTHLY PAYMENTS?

Assuming you have sufficient entitlement remaining after the first check, the VA will mail you a Monthly Verification Form (VA Form 22-6553d-1) that you will need to complete, sign, have your VA Certifying Official sign, and mail back to the VA. This process should release a payment for the month(s) named on the form. The same process should continue for the remainder of your OJT/Apprenticeship program. Please note that the hours reported on the VA Form 22-6553d-1 must agree with those reported on the Attendance and Progress Report for the same month.

7. WHAT ARE THE MONTHLY PAYMENT RATES?

For payment options, you should visit the VA Website at http://www.gibill.va.gov/education/rates.htm.

8. HOW WILL AN OJT/APPRENTICESHIP PROGRAM IMPACT MY GI BILL ENTITLEMENT?

Entitlement charged for OJT/Apprenticeship programs is minimal. For example, a 24-month program requires about 12 months of entitlement. Assuming you began the program with a full 36 months of VA education benefits, you will still have entitlement remaining to use for school (or another OJT/Apprenticeship program).

9. CAN I USE MY GI BILL FOR TWO PROGRAMS AT THE SAME TIME?

No. You must stop VA benefits associated with an OJT/Apprenticeship program in order to enroll in school or vice versa. You should immediately notify the Certifying Official at your place of employment (or school) of your desire to stop your VA program. The OJT/Apprenticeship Certifying Official will need to complete a <u>Termination Form</u>, whereas the school Official will process a VA Form 22-1999b.

10. WHAT IF I LEAVE MY CURRENT JOB BEFORE THE END OF MY VA PROGRAM?

The Certifying Official at your place of employment must complete a <u>Termination Form</u> to stop the program. If you accept a job at another establishment, feel free to inquire about another OJT/Apprenticeship program.

11. WHAT IF I AM PROMOTED BEFORE I COMPLETE MY VA PROGRAM?

The Certifying Official at your place of employment must stop your VA program by completing a <u>Termination Form</u>. If your new job requires training in skills that you have not acquired, you should inquire about enrolling in another OJT/Apprenticeship program.

Feel free to contact this office if you have additional questions. We may be reached at:

South Carolina Commission on Higher Education South Carolina State Approving Agency 1333 Main Street, Suite 200 Columbia, SC 29201 Phone: (803) 737-2330

Fax: (803) 737-2330



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Department of Veterans Affairs APPLICATION FOR VA EDUCATION BENEFITS (See attached Information and Instructions)					
INTERNET VERSION A	VAILABLE - You may complete	and send your application over the Inte		gov	
		ANT AND BENEFIT INFORMAT		501	
	(All Applica	nts Must Complete This Part)			
1A. NAME OF APPLICANT (Firs	t, Middl e , Last)			E STAMP In This Space)	
1B. SOCIAL SECURITY NUMBER	R OF APPLICANT 1C. VA FILI	E NUMBER (If previously assigned)			
2A. APPLICANT'S ADDRESS (N digit ZIP code if known)	lumber, street or rural route, city or P.C	D., State and ZIP Code) (Please provide 9			
2B. SEX OF APPLICANT	2C. APPLICANT'S DATE OF BIRTH	2D. APPLICANT'S E-MAIL ADDRESS		ELEPHONE NUMBER	
☐MALE ☐FEMALE			A. DAY	B. EVENING	
4. DESCRIPTION OF VA ED	UCATION PROGRAMS (Check (V) the box next to each benefit you wis	h to apply for)		
MONTGOMERY GI BI are currently serving on a entered active duty for	LL EDUCATIONAL ASSISTANCE Pactive duty, you may be eligible to or the first time after June 30, 198 ve Vietnam Era Veterans' Education	PROGRAM (title 38, U. S. C., chapter 3 receive this benefit. Check the box to t	O). If you served or he right if you:		
• were discharged under	or one of the qualifying assessment	programs shown in the instructions, OF	25		
were a participant uncertaint uncertaint	der the Post-Vietnam Era Veterans	' Educational Assistance program commonential during one of the open window	monly referred to		
to the right if you had at	sed on Selected Reserve service (R least a six-year reserve obligation a		OOX		
	NOTE: Department of Defense (Do	 D) determines eligibility for this program 	n)		
C. RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U.S.C., chapter 1607). This benefit is for a Reservist called to active duty to support contingency operations. Check the box to the right if you were called to active duty to support contingency or other specific operations.					
(NOTE: Department of Defense (DoD) determines eligibility for this program)					
D. POST-VIETNAM ERA (title 38, U.S.C., chapter	VETERANS' EDUCATIONAL ASSIS 32, or section 903 of Public Law 9	STANCE PROGRAM commonly referred 96-342). Check the box to the right if y	to as VEAP, ou:		
 served on active duty 	at any time from January 1, 1977	through June 30, 1985, AND			
either contributed funds or had your service branch make contributions for you.					
E. NATIONAL CALL TO S you:	SERVICE PROGRAM (title 10, U.S.C	C., chapter 31, section 510). Check th	e box to the right if		
	ctober 1, 2003 under the National	W 470 B 10			
 selected one of the education incentives provided by that program 					
Check this box to the righ	nt only if you've selected one of the	e two Educational Allowance Incentive	options.		
	(If you checked this box,	be sure to complete Part IV)			
F. THE "TRANSFER OF E	NTITLEMENT" PROGRAM (title 38,	, U.S.C., chapter 30, section 3020). C	heck the box to the		
 are a spouse or child (chapter 30), AND 	of a person who qualified for the M	lontgomery GI Bill Educational Assistan	ce Program		
 believe that your pare 	nt or spouse transferred entitlemen	nt to you			
- Annual -	(If you checked this box,	be sure to complete Part V)			

5. DIRECT DEPOSIT INFOR Please send a voided personal check or provide Direct Deposit is not available for the Post-Vietnam Era Veterans'	the following	information. ssistance Program (Chapter 32)
A. TYPE OF ACCOUNT		
CHECKING SAVINGS I I DO NOT HAVE AN ACCOUNT		
B. NAME OF FINANCIAL INSTITUTION C. 9 DIGIT ROUTING OR TRANSIT N	IUMBER	D. ACCOUNT NUMBER
6. TYPE OF VA EDUCATION BENEFITS PREVIOUSLY APPLIED FOR? (Check all applicable boxes)		
	3. PREVIOUS VETE (Specify benefit _	ERAN'S EDUCATION BENEFITS
		EDUCATIONAL ASSISTANCE BENEFITS nplete Items 7A and 7B)
E. OTHER (Specify benefit)	. NONE	
NOTE - COMPLETE ITEMS 7A AND 7B ONLY IF YOU CHECKED ITEM 6D		
7A. NAME OF PARENT/SPOUSE (See Instructions) 7B. FILE NU	MBER OF PAREN	T/SPOUSE (See Instructions)
8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BENEFIT YES NO		OU ARE APPLYING FOR? (See Instructions)
9. PROGRAM OF EDUCATION OR A DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? ((6 you know this goal places model).		Later State of the Company
A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If you know this goal, please specify. If	' уои а о посклон ус	our goal, check "No" inen skip io iiem 🖘.)
YES NO		
B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION? YES NO (If "Yes," list below each diploma, vocational course, job training programs.	or test you t	
career goal that you indicated in Item 9A). If you have not selected a pro	ogram, leave this	item blank.)
C. EDUCATION OR TRAINING WILL BE BY (Check more than one if necessary) COLLEGE OR OTHER SCHOOL CORRESPONDENCE COURSE		TUITION ASSISTANCE TOP-UP
I SEEK REIMBURSEMENT FOR A LICENSING APPRENTICESHIP OR ON-THE-JOOR CERTIFICATION TEST	OB TRAINING	_
NATIONAL ADMISSIONS EXAMS OR VOCATIONAL FLIGHT TRAINING NATIONAL EXAMS FOR CREDIT	G	
D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? YES NO	1 '	Name and Address of School (Complete dress, city, state and ZIP code)
(If you have selected a school, check "Yes," and specify its complete name and mailing address. If you have not selected a school, check "No.") If you are applying for reimbursement of test fees, don't answer this question. Skip to Item 10.)		
F. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? YES NO	G. Date (Mor training	nth,Year) of anticipated beginning school or
(If you do know this date, check "Yes." Specify this date in Item 9G. If you do not know this date check "No.")		
H. DO YOU PLAN TO REPEAT ANY COURSE FOR WHICH YOU RECEIVED CREDIT? YES NO	1. Information	about repeated course
(If "Yes," write in Item 9I the name of the course, when you originally took this course, and why you plan to repeat it.)		

NOTE COMPLETE ONLY IS YOU ARE A CRUITA	THE OVER OF THE	··· a courrent crear	-		
NOTE - COMPLETE ONLY IF YOU ARE A CIVILIA. If you are on active military duty, skip question 10.		J.S. GOVERNMENT			
10. DO YOU EXPECT TO RECEIVE FUNDS FROM YO		TAKENT EOR THE	T- fatanti		
SAME COURSE(S) FOR WHICH YOU EXPECT TO REC	CEIVE VA EDUCATIONAL	. ASSISTANCE?	Source of education	ional assistance tr	rom government employment:
YES NO (If "Yes," show the source of	f these funds)	•			
NOTE - COMPLETE ITEM 11 ONLY IF YOU ARE O					
11. ARE YOU RECEIVING, OR DO YOU ANTICIPATE not limited to Federal Tuition Assistance) FROM THI SERVICE FOR THE COURSE FOR WHICH YOU HAVE	E ARMED FORCES OR PU	IRI IC HEALTH	Details of education	ional assistance fr	rom the military:
BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, DETAILS INCLUDING THE SOURCE OF THE FUNDS	CHECK "YES" AND GIVE	E COMPLETE			
TUITION ASSISTANCE TOP-UP, CHECK "NO"	1110121				
□YES □NO					
П.159 Пил					
	12. EDUCATION AND				
A. DID YOU GRADUATE FROM HIGH SCHOOL? (If "Yes," write the date you graduated next to "Yes," and skip to Item 12C. If "No," complete Item 12B) B. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes," write the date you completed the requirements for this certificate in the space provided. If "No," go to Item 12C)					
□YES Date		□YES D	- 0.220	г	1
C. EDUCATION AFTER HIGH SCHOOL			Date		NO (See Instructions)
					3) (See Instructions)
NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER (Include City and State)	PROM TO	QUARTER OR	CLOCK OR C	REE, DIPLOMA, CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	Thom:				
	+				
D. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES?	(If "Yes," list each				
certificate)		>			
YES NO					
	THE OVERENT (Compl.	- 017 V V 14894			
	EMPLOYMENT (Comple	te ONLY if you served			
EMPLOYMENT	PRINCIPAL OCCU	JPATION	NUMBER OF MON IN THAT OCCUPA		LICENSE OR RATING
E. Before Entering Military Service					
F. After Leaving Military Service					
PART II - SEF	RVICE INFORMATI	ION (All applica	nts must comple	ete this part)	
* ***	***************************************	DUTY INFORMATION			
ARE YOU NOW ON ACTIVE DUTY OR FULL-TIME title 32, U.S.C.)	NATIONAL GUARD DUT	TY? (Send us a copy of	of your orders, if au	thority for full-tim	ne National Guard duty is
YES NO					
B. ARE YOU NOW ON TERMINAL LEAVE BEFORE DIS	SCHARGE? (If yes, please	a provide the date you	u began your termin	nal leave)	
YES NO					
Date leave began: Date of expected discharge:					

		44 445004451044 40045			
		14. INFORMATION ABOUT			
Please complete Items	14A through 14f for each	ch period of your active duty. It	will help VA process you	ir claim if you send a copy of yo	our DD 214 (copy 4) for
each period of active s	service. (Don't report any	Active Duty for Training)			
A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If "Yes," send copies of your orders) YES NO	F. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (Federal) OR TITLE 32 (State). (Send copies of any orders)
			 		
			}		
	<u> </u>		<u> </u>	<u> </u>	
You should speci	ify in Item 22 Remark	s, any periods of active duty	which reflect		
• Full time assi	gnment by a service de	epartment to a civilian schoo	for a course of educat	ion substantially the same a	s established courses for
civilians;	g	- P	. 101 4 004:00 01 00404	ion substantially the sain a	s established courses for
	a service academy; or				
 Non-creditable 	e time - (time lost bec	ause of industrial or agricult	ural furlough, arrest wi	thout acquittal, being AWOl	L, desertion, sentence of
court-martial,					
		ESERVE OR NATIONAL GUARD			
YES NO		formation about this service in I			
	16. PERIC	DDS OF RESERVE OR NATIO	NAL GUARD SERVICE	(NOT ACTIVE DUTY)	
	THE RESERVE OR NATIO	NAL GUARD?			
YES NO					
INFORMATION TO	COMPLETE ITEM	16E:			
I ◆Place "IRR" in It	em 16E for each perio em 16E for each perio	of reserve service if you wer d of reserve service if you w d of reserve service if your v	ere in the Individual Re	eady Reserve.	
B. DATE ENTERED RESERVE OR GUARD	C. DATE SEPARATED FROM RESERVE OR GUARD (If applicable)	D. RESERVE OR GU	ARD COMPONENT	E. RESERVE STATUS	(See abbreviations above)
		-			

Individuals to encoura	de enlistment or retentior	ON YOUR RESERVE ENLISTMEN in the Reserve or National Gua A COPY OF THE "KICKER" COP	rd forces, usually in speci	s contributed by DoD to an educative alized areas.) (IF YOU QUALIFY	cation fund on behalf of FOR A RESERVE "KICKER,"
YES NO	YOU ARE APPLYING FO	R CHAPTER 1606 (you checked	I Item 48). IF YOU ARE PA	ARTICIPATING IN A SENIOR RO	TC SCHOLARSHIP
PROGRAM, DOES T subsistence allowan	HAT PROGRAM PAY FOI	R YOUR TUITION, FEES, BOOKS	AND SUPPLIES UNDER T	TILE 10, U.S.C., SECTION 210	77 (Do not include monthly
YES NO					

PART III - MONTGOMERY GI BILL QUESTIONS (Complete this part only if you are applying for chapter 30 be	nefits)	
QUESTIONS	YES	NO (V)
17A. DID YOU MAKE ADDITIONAL CONTRIBUTIONS WHILE ON ACTIVE DUTY (Sometimes referred to as "Buy-up") TO INCREASE THE AMOUNT OF MONTHLY MGIB BENEFITS PAYABLE? (If you made any additional contributions, you must check "YES" and send us a copy of the receipt of lump sum contribution or a copy of your Leave and Earnings Statement showing these additional contributions.		
17B. IF YOU SERVED A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, PLEASE SHOW THE DATES OF THAT PERIOD OF ACTIVE DUTY: From To To		
17C. DO YOU HAVE A DoD CONTRACT TO RECEIVE A "KICKER"? (Some military services call this the "college fund." "Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Armed forces, usually in specialized areas. If you qualify for a "kicker", check "Yes." It may help if you send us a copy of your kicker contract.		
COMMISSIONED OFFICER QUESTIONS		
18A. DID YOU GRADUATE FROM A MILITARY SERVICE ACADEMY (e.g., West Point, Naval Academy, etc.)? (If "Yes," specify the month and year you graduated and received your commission)		
Graduation month and year: 18B. WERE YOU COMMISSIONED AS THE RESULT OF PARTICIPATING IN A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP PROGRAM? (If "Yes," show the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance. If you received your commission through a Senior ROTC (non-scholarship) program, check "No.") Commission date:		
Scholarship Amounts:		
Year: Amount:		
MARITAL AND DEPENDENCY STATUS		
NOTE: COMPLETE THIS ITEM ONLY IF YOU CHECKED ITEM 4A AND HAVE MILITARY SERVICE JANUARY 1, 1977 (or delayed entry before January 2, 1978). See Instructions.	BEFORE	
QUESTIONS	YES	NO
19A. ARE YOU CURRENTLY MARRIED?		
19B. DO YOU HAVE ANY CHILDREN WHO ARE:		
(1) UNDER AGE 187 OR		
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR (3) OF ANY AGE AND PERMANENTLY INCAPABLE OF SELF-SUPPORT DUE TO MENTAL OR PHYSICAL DISABILITY?		
19C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?	1000	
PART IV - NATIONAL CALL TO SERVICE QUESTIONS		L
(Complete this part only if you are applying for this benefit 20A. DID YOU SIGN AN ENLISTMENT CONTRACT WITH THE DEPARTMENT OF DEFENSE FOR THE NATIONAL CALL TO	fit)	
20A. DID YOU SIGN AN ENLISTMENT CONTRACT WITH THE DEPARTMENT OF DEFENSE FOR THE NATIONAL CALL TO YES NO	SERVICE PROGRAM?	
20B. DID YOU RECEIVE AN EDUCATIONAL ALLOWANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C th	at identifies the option	you received)
20C. WHICH VA EDUCATIONAL ALLOWANCE INCENTIVE OPTION DID YOU ELECT? (Check only one block below)		
EDUCATIONAL ALLOWANCE OF UP TO 12 MONTHS OF MONTGOMERY GI BILL BENEFITS (3-year rate) EDUCATIONAL ALLOWANCE OF UP TO 36 MOI BILL BENEFITS (1/2 the 2-year rate)	NTHS OF MONTGOME	RY GI
NOTE: National Call to Service applicants must furnish VA a copy of DD Form 2863 (National of Options). This form is needed to document your eligibility and to confirm your incentive option		NCS), Election

	DARTY TRANSFER OF				
	PART V - TRANSFER OF ENTITLEMENT QUESTIONS (Complete this part only if you are applying for this benefit)				
NOTE: This banefit requires (1)				4	
NOTE: This benefit requires (1) to his or her dependents, and (2) by name).	that the veteran s orange of min the veteran, in writing, transfer	red his or her curre	nized the veteran to int education benefi	transfer MGIB entitlement ts to you (specifying you	
IMPORTANT: Only a spouse, surviv	ring spouse, or child of a veteran w	vho has transferred e	ntitlement should con	nolete this information.	
ZTA. WHAT IS YOUR RELATIONSHIP TO	THE VETERAN OR SERVICE MEMBER	WHO TRANSFERRED E	NTITLEMENT TO YOU?		
SPOUSE SURVIVING					
IMPORTANT: If you checked your r 21B. VETERAN OR SERVICE MEMBER'S	elationship as a spouse or child, ha	eve the veteran comp			
216. VETERALL ON SERVICE MENDER S	NAME (FIRST, MIDDIE, LAST)			RVICE MEMBER'S SEX	
21D. ADDRESS OF VETERAN OR SERVICE	CE MEMBER WHO TRANSFERRED ENTI	TI CAMEAIT TO VOLL	MALE FE	MALE	
2.00.	NE MICHIGAL MUO LIVING FULLED FULL	ILEMENT TO TOO			
21E. VETERAN OR SERVICE MEMBER'S	DATE OF BIRTH	21F. VETERAN OR S	SERVICE MEMBER'S SO	CIAL SECURITY NUMBER	
	EMPLOYMENT (IF	NO MILITARY SER	VICE)		
EMPLOYMENT		NUMB	BER OF MONTHS IN		
LIVIT EO TIVILITA	PRINCIPAL OCCUPATIO	N I	AT OCCUPATION	LICENSE OR RATING	
21G. JOB 1 (Since leaving high school)					
Total Control of the					
21H. JOB 2 (Since leaving high school)					
22. REMARKS (Use this space to provide					
munipers on this form to help us mate	CO VOUE ARSWALK TO THA COLLACT GLIASTION	s. If more space is need	ded, please attach separ	rate sheets of paper. Be sure	
to place your name and social security	y number on each additional page.)		•		
				•	
P/	ART VI - CERTIFICATION A	ND SIGNATURE	OF APPLICANT		
		ist complete this part,			
I CERTIFY THAT all statements in my					
PENALTY - Willful false statements a				and may result in the forfeiture of	
these or other benefits and in crimina	al penalties.		a pariioridalo circiles	and may result in the forfeitare of	
23A. FULL NAME OF APPLICANT (PRINTE	D)		<u></u>		
r					
23B. SIGNATURE OF APPLICANT (Do NO	T Print)) (Minor children must also hav	e their parent or guardia	an sign in this item)	23C. DATE SIGNED	
		• =			
SIGN HERE IN INK					
PAR	RT VII - CERTIFICATION FO	P APPLICANTS (ON ACTIVE DUTY	-	
(Have your Education Officer comple					
I CERTIFY THAT this individual is a m	nember of the brench of the Armer	y on active duty. This	S Signature is not nee	ided if you are on terminal leave)	
education program.	tempor or the premon or the Armed	I FOICES SHOWIT DETUN	v and has consulted t	with me regarding his/her	
24A. SIGNATURE, TITLE AND BRANCH O	OF SERVICE OF ARMED FORCES EDUC	ATION OFFICER		24B. DATE SIGNED	
		THOM OF FIGER		246. DATE SIGNED	

INFORMATION AND INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR VA EDUCATION BENEFITS

This form is available on the Internet. We suggest that you file your application by going to www.gibill.va.gov and submitting your application electronically. Select "Electronic Application Form." EXCEPTION: If you are applying for the chapter 1607, National Call to Service, or Transfer of Entitlement benefit, we request that you not file electronically until we can update our system.

If you submit your application electronically, VA will automatically transfer your application to the Regional Processing Office that handles your claim. See HOW TO COMPLETE AN ELECTRONIC SUBMISSION at the end of these instructions for additional information on sending any supporting documentation.

We suggest that you tear off these instructions and place them next to the application form so that they are readily available.

See HOW TO FILE A COMPLETED PAPER APPLICATION for where to mail your completed application form. This information is located at the end of these instructions.

SPECIFIC INSTRUCTIONS

NOTE: The numbers on the instructions match the item numbers on the application. Items not mentioned are self-explanatory.

DO NOT USE THIS FORM TO APPLY FOR VOCATIONAL REHABILITATION BENEFITS (chapter 31) DEPENDENTS' EDUCATIONAL ASSISTANCE (chapter 35). These benefits require different application forms. Use VA Form 28-1900 to apply for Vocational Rehabilitation benefits. See http://vabenefits.vba.va.gov/vonapp/main.asp for the Veterans On-Line Application for this form. Use VA Form 22-5490 to apply for Dependents' Educational Assistance benefits. This form is available at www.gibill.va.gov. These forms are also available at your nearest VA regional office and may be available where you received this application.

ITEM 4. You may check as many blocks as you like, but you may use only one type of education benefit at a time.

IMPORTANT: The following discussion of Items 4A through 4F contains only limited eligibility information for each education benefit. Use this information as a guideline only.

ITEM 4A. You may be eligible for Montgomery GI Bill benefits (eligibility based on active duty), also referred to as MGIB or "chapter 30," if you served on active duty and meet certain conditions. NOTE: You do not have to be on active duty to apply for benefits under this program. While there are additional requirements, in general, you must meet any one of the following conditions:

(1) You first entered service on or after July 1, 1985, AND you didn't decline this benefit at your initial entry into service.

OR

(2) You entered service (or agreed to delayed entry) before January 1, 1977 AND you have educational assistance entitlement remaining under the Vietnam Era GI Bill.

OR

(3) You were voluntarily separated under either the Voluntary Separation Incentive or the Special Separation Benefit programs and had your military pay reduced by \$1,200.

(4) You were involuntarily separated from active duty after February 2, 1991.

OR

(5) You were on active duty and eligible for VEAP benefits on October 9, 1996, and you elected chapter 30 benefits between October 9, 1996 and October 8, 1997 and paid \$1,200.

OR

(6) You first entered full-time duty in the National Guard between July 1, 1985 and November 28, 1989 under title 32, U.S. Code, and you elected chapter 30 benefits between October 9, 1996 and July 8th, 1997, and paid \$1,200.

OR

(7) You were on active duty and eligible for VEAP benefits on October 9, 1996, elected chapter 30 benefits between November 1, 2000 and October 31, 2001, and you paid \$2,700.

ITEM 4B. You may be eligible for Montgomery GI Bill-Selected Reserve benefits, also referred to as "MGIB-SR" or "chapter 1606," if you are a member of the Selected Reserve or National Guard and meet certain requirements, including having a 6-year commitment. (Eligibility for this program is determined by your Reserve or National Guard component.)

To expedite processing, attach a copy of your DD 2384, Notice of Basic Eligibility. This form is also called a "NOBE." Your reserve unit (for example, the Army Reserve or the Army National Guard) should have issued this notice to you when you became eligible for Montgomery GI Bill-Selected Reserve benefits. If you do not have a copy or were not issued a copy, request another copy from your reserve unit.

ITEM 4C. You may be eligible for benefits under the Reserve Educational Assistance Program, also referred to as "chapter 1607" if you are a member of the Ready Reserve (Selected and IRR) who served on active duty in support of a contingency operation for at least 90 consecutive days. Members of the Army and Air National Guard who performed full time National Guard duty under section 502(f) of title 32 may also be eligible. (Eligibility for this program is determined by the Departments of Defense and Homeland Security.) Attach a copy of any notice of eligibility for this program you have received from your military service department.

ITEM 4D. You may be eligible for Post-Vietnam Era Educational Assistance Program benefits, also known as "VEAP" or "chapter 32," if you first entered active service between January 1, 1977 and June 30, 1985, AND you contributed to a VEAP account.

You may be eligible for Post-Vietnam Era Non-Contributory Educational Assistance Program benefits, also known as "Non-Contributory VEAP" or "Section 903," if you first entered active service between November 30, 1980 and September 30, 1981, AND your branch of service paid contributions into a VEAP account.

ITEM 4E. You may be eligible for benefits under the National Call to Service Program (title 10, U.S.C., chapter 31, section 510) if you signed an enlistment contract with the Department of Defense for the National Call to Service Program and elected one of the two education incentives provided by that program.

Attach a copy of DD Form 2683 (National Call to Service Election of Options). This form is needed to document your eligibility and confirm your incentive option.

ITEM 4F. You may be eligible for education benefits as the spouse or child of a veteran under the Transfer of Entitlement Program (title 38, U.S.C., chapter 30, section 3020) if you are a dependent of an individual eligible to transfer chapter 30 benefits to his or her dependents. The individual's branch of military service must approve a request to transfer benefits to you AND you must be designated by name as a recipient of these transferred benefits. The individual transferring entitlement must also designate the number of months transferred and the period (beginning date and ending date) for which the transfer is effective. This is called a "Designation of Dependents." You should attach DD Form 2366-2, Transferability Program to document this designation.

ITEM 5. VA is required to make direct deposit to your financial institution unless direct deposit would cause you a hardship.

You can send us a voided personal check OR provide the routing or transit number from either your checking or savings account. (Do not include the check number.) The routing or transit number is normally the left-most 9-digit number at the bottom left side of a check. It has two bars (up and down) separating this number from the account number. The account number is the number just to the right of the routing number.

Caution: Currently Direct Deposit isn't available for VEAP benefits. We will let you know if your VEAP payments can be made using direct deposit in the future. Until direct deposit is available, we will issue VEAP payments by check.

ITEM 6B. Check the "Previous Veteran's Education Benefits" Block if you received education benefits under a law previously administered by VA, such as the Vietnam Era GI Bill (chapter 34), WWII, or Korean GI Bills. Specify which benefit in this block.

ITEM 6C. Check the "Vocational Rehabilitation Benefits" block if you applied for VA education benefits as a disabled veteran.

ITEM 6D. Check the "Dependents' Educational Assistance Benefits" block if you previously applied for VA benefits as the dependent child or spouse of a veteran who is permanently and totally disabled due to service-connected disabilities or who died on active duty.

ITEM 6E. Check the "Other" block if you previously applied for a VA benefit other than any of those specified in Items 6A through 6D.

ITEM 6F. Check the "None" block if you have never previously applied for VA education benefits.

ITEMS 7A and 7B. If you previously applied for VA benefits as the dependent child or spouse of a veteran who is permanently and totally disabled due to service-connected disabilities or who died on active duty, write the name of the person (your parent or spouse) under whom you received these benefits in Item 7A and the VA file number (reference number) for this person in Item 7B.

ITEM 8. VA publishes information pamphlets for each benefit. These pamphlets furnish comprehensive information on the different programs offered. You should have received one of the following information pamphlets with your application:

a. VA Pamphlet 22-90-2, Summary of Educational Benefits Under the Montgomery GI Bill-Active Duty Educational Assistance Program, Chapter 30 of Title 38, U.S.C.

b. VA Pamphlet 22-90-3, Summary of Educational Benefits Under the Montgomery GI Bill-Selected Reserve Educational Assistance Program, Chapter 1606 of Title 10, U.S.C.

c. VA Pamphlet 22-79-1, Summary of Educational Benefits Under the Post-Vietnam Educational Assistance Program (VEAP).

NOTE: Pamphlets for recently implemented programs such as the Reserve Educational Assistance Program (title 10, U.S.C. chapter 1607), National Call to Service Program (title 10, U.S.C. chapter 31, section 510), and the Transfer of Entitlement Program (title 38, U.S.C., chapter 30 section 3020) may not be available.

If you check "NO," VA will send you one of these pamphlets based on your answer to question 4. You may also request a pamphlet from the person who furnished you this application.

ITEM 9B. If you have decided on your educational, professional or vocational goal, CHECK "YES." Then, list your final objective (for example, Masters Degree, Certified Public Accountant, or Computer Technician) in the space provided in this item.

VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE. If you need help planning your individual educational and career goals, VA offers a wide range of counseling services to help you. Services include educational and vocational guidance and testing to help you to develop a greater understanding of your skills, talents, and interests. For further information on VA counseling, call VA Toll-Free at:

1-800-827-1000 or TDD 1-800-829-4833

ITEM 9C. Self-explanatory, except for the following items:

Check the "I seek reimbursement for a Licensing or Certification test" block if you want reimbursement for a licensing or certification test. Claimants receiving benefits under chapter 1606 (Item 4B) or chapter 1607 (Item 4C) may not receive reimbursement for these tests. A licensing test is a test offered by a state, local, or federal agency which is required by law to practice an occupation. A certification test is a test designed to provide affirmation of an individual's qualification in a specific occupation.

Check the "Tuition Assistance Top-Up" block if you want VA to reimburse you for the difference between what the military pays for TA (Tuition Assistance) and the actual costs of these courses. (VA pays the difference or "tops up" what the military doesn't pay.) There are also other programs similar to the TA program where the military pays for courses. One similar program is the "EarmyU" program. Also check this "Tuition Assistance Top-Up" block if you want VA to pay you the difference for these courses.

Check the "National Admission Exams or National Exams for Credit" block if you want VA to reimburse you for the fee you paid for taking one or more national tests. Claimants receiving benefits under chapter 1606 (Item 4B) or chapter 1607 (Item 4C) may not receive reimbursement for these tests. National tests for admission to institutions of higher learning include the following: the Scholastic Aptitude Test, Law School Admission Test, Graduate Record Exam, or the Graduate Management Admission Test.

National tests providing an opportunity for course credit at institutions of higher learning include the following: The Advanced Placement exam and the College-Level Examination Program.

NOTE ON CORRESPONDENCE TRAINING: If you plan to enroll in a correspondence course or a combination correspondence-residence course, be sure the field of study is suitable to your abilities and interests before you sign a contract with the school. Information on correspondence courses is available at the nearest U.S. Veterans Assistance Center or VA Regional Office. The correspondence school may require you to pay for all or the majority of the course even though you complete only a portion of it. Unlike the other VA training programs, payments for correspondence courses are made quarterly after VA receives your certification showing the number of lessons you completed during the previous quarter. The information pamphlet described in Item 8 gives additional information on payments.

You must affirm a contract for enrollment in a correspondence course after at least 10 days following the date you sign the contract. If you decide not to enroll in a correspondence course after signing a contract but before signing the affirmation, you are entitled to receive a full refund from the school of any payment made for the course.

NOTE ON FLIGHT TRAINING: If you plan to enroll in a flight course, you must have a private pilot's license. If you are taking an Airline Transport Pilot course, you must have a valid first-class medical certificate on the date that you enter training. For all other flight courses, you must have a valid second-class medical certificate on the date that you enter training.

ITEM 9H. VA allows claimants to receive VA benefits for certain courses for which they have previously received credit. These "refresher" courses are either (1) courses at the elementary or secondary level to review or update material previously covered in a course that has been satisfactorily completed or (2) courses which permit an individual to update knowledge and skills or to be instructed in the technological advances which have occurred in the individual's field of employment during and since the period of his or her active military service. (Skip this item if you checked the "I seek reimbursement for a Licensing or Certification Test" block, the "National Admission Exams or National Exams for Credit" block or the "Tuition Assistance Top-Up" block in Item 9C.)

ITEM 10. This question is for CIVILIAN EMPLOYEES OF THE UNITED STATES GOVERNMENT. It is not for active duty persons or persons receiving Department of Education work-study benefits.

ITEM 11. This question is for ALL APPLICANTS ON ACTIVE DUTY who are not applying for Tuition Assistance (Top-Up). Payment of VA educational benefits is prohibited for a course or courses being paid for entirely or in part by the Armed Forces or the Public Health Service. If you are receiving any money (to include but not limited to tuition assistance) from the Armed Forces or Public Health Service during any part of your training, you must check "YES." Specify complete details in the block next to this item. Please identify the source of the funds. If you are not sure, explain why you might be eligible for the money in the block next to this item.

ITEM 12E AND 12F. If you have ever held a license to practice a profession or journeyman rating to work at a trade, state the name of the license or journeyman rating, and the state in which the license was held. If you have never held a license or rating, write "NONE." We only use this information if you apply for benefits for a similar program. Examples of a license include the following: electrician, CPA, teacher, lawyer, and bricklayer. Use Item 22, "Remarks," if you need more space.

ITEM 13B. (Terminal leave is also known as "Transitional leave.") Terminal leave means that you are on leave continuously from the date that you last performed military duties (i.e., signed out of your last unit) until the date of your discharge from active duty. If you are now on terminal or transitional leave just before discharge, check "YES." Provide the date your terminal leave began and the date you will be discharged from active duty in this block.

ITEM 14. If you attach a DD Form 214, you should send a copy of your DD Form 214 for each period of active military service that you completed. Your separation packet should contain this DD Form 214. Each DD Form 214 has several copies. The copy number is on the lower right hand side of the form. Send us a copy of this form designated as "Copy 4"; this copy is usually also designated as "Member." If you do not have your "Copy 4" of your DD Form 214, submit the original of any other copy you have.

NOTE: Please do not send us any of your original documents. If you have recorded the original document with a county recorder, you may submit a certified copy of the document. If you complete your application at a VA office, VA personnel can certify the original of any documents needed to support your claim and then immediately return those documents to you.

ITEM 17B. When DoD counts a period of active duty for the purpose of repayment of an education loan, VA cannot use that same period of active duty to determine the number of months of chapter 30 benefits. For example, if you received an education loan repayment from DoD, and DoD required two years (24 months) for that education loan repayment, and you had a total of three years (36 months) of active duty, VA would be required to restrict your active duty for determining chapter 30 benefits to 12 months (36 months total active duty minus 24 months for repaying your education loan). If you have had some active duty time that counted toward repayment of an education loan, check "YES." Write the period of active duty used for repayment of your education loan in the space in this item.

ITEM 18A. THIS QUESTION IS FOR OFFICERS WHO ARE APPLYING FOR CHAPTER 30 (BY CHECKING ITEM 4A). VA education benefits are not usually payable when an officer receives a commission upon graduation from a military service academy such as West Point or the Naval Academy. If you attended a service academy, check "YES." Write the date (month and year) you graduated and received your commission in the space in this item.

ITEM 19. THIS QUESTION IS ONLY FOR APPLICANTS WHOSE SERVICE (OR DELAYED ENTRY) BEGAN BEFORE JANUARY 1, 1977. If you are currently married or if you have children under age 18 (or under age 23, single and in school), complete and return VA Form 21-686c. Also complete and return VA Form 21-674 for each child between 18 and 23 who is single and in school. If your parent(s) are dependent on you for support, you should complete and return VA Form 21-509. These forms may require additional documentation. VA cannot pay any additional benefits for dependents without properly completed forms and documentation.

NOTE: PDF (Portable Document File) versions of VA Forms 21-686c, 21-674, and 21-509 are available on the Internet at: www.va.gov/vaforms. (Type the number of the form in the search block at this internet site.)

Part V. If you are applying for transfer of entitlement benefits, you should send us a copy of DD Form 23-66-2, Montgomery GI Bill Act of 1985 Transferability Program. The veteran or servicemember should have completed this transferability agreement, verifying that the military has granted him or her the transfer of entitlement option. The veteran or servicemember uses this form to record his or her designation of dependents. This form should show that the veteran or servicemember has designated you by name.

Item 21A. If you are a spouse or child applying for MGIB benefits because a veteran or servicemember has transferred his or her MGIB benefits to you as his or her dependent, the veteran or servicemember must complete VA Form 21-686c, Declaration of Status of Dependents. The PDF version of this form is available on the Internet at: www.va.gov/vaforms. (Type "21-686c" in the search block at this Internet site.)

ITEM 21G and 21H. If you have ever held a license to practice a profession or a journeyman rating to work at a trade, state the name of the license or journeyman rating and the state in which the license was held. If you have never held any license or rating, write "NONE." We only use this information if you apply for benefits for a similar program. Examples of occupations requiring a license include the following: electrician, CPA, teacher, lawyer, bricklayer.

NOTE: You will not be eligible to receive benefits for any period for which you have an outstanding felony warrant. Any benefits paid to you for such a period will be an overpayment subject to collection.

GENERAL INSTRUCTIONS

ADVANCE PAYMENT. Once you're enrolled in an approved course, you may request an advance payment for the first month (or part of a month) and second month of enrollment if ALL the following conditions are met

- You're enrolled on at least a half-time basis, and
- Your school has agreed to receive and process advance payment checks for delivery to its students, and
- You request advance payment by signing a request block on the enrollment certification your school sends to us, and
- VA receives your enrollment certification at least 30 days before classes start.

NOTE: If we don't pay an advance payment, we'll pay you after each month you attend school. (If you receive chapter 30 or 1606 benefits, you will not receive any payments until you verify your enrollment on a monthly basis.)

IMPORTANT: Additional requirements set by law may prevent us from making an advance payment.

GENERAL INSTRUCTIONS (Continued)

ACCELERATED PAYMENT: Beneficiaries under chapter 30 can qualify to receive an accelerated payment if they are enrolled in certain high-cost, high-tech courses. An accelerated payment is a lump-sum payment of up to 60% of tuition and fees and is paid in lieu of regular monthly benefits. For more information, see the HELP item below.

HELP: If you need help in completing this application, call VA TOLL-FREE at 1-888-GI-BILL-1 (1-888-442-4551). If you are hearing impaired, call us toll-free at 1-800-829-4833. Our education Internet site (www.gibill.va.gov) is available to help you.

HOW TO FILE A COMPLETED PAPER APPLICATION

Be sure to sign and date this form. Then, do the following:

(A) If you have selected a school or training establishment,

- Step 1: Mail the completed form to the VA Regional Processing Office in the region of that school's physical address. See the next page for the post office address for these offices.
- Step 2: Notify the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to submit your attendance information using VA Form 22-1999, Enrollment Certification, or its electronic version.
- Step 3: Wait for VA to process your application and notify you of our decision concerning your eligibility for education assistance.

(B) If you have not selected a school or training establishment,

- Step 1: Mail the completed form to the VA Regional Processing Office in the region of your home address. See the next page for the post office box address for these offices.
- Step 2: Wait for VA to process your application and notify you of our decision concerning your eligibility for education assistance.

HOW TO COMPLETE AN ELECTRONIC SUBMISSION

If you completed your application electronically, VA furnished you with the following: (1) a unique confirmation number for your individual claim and (2) the address of the VA Office (Education Regional Processing Office) that will process your claim. You need to write this information down and keep it in a safe location. You need to finalize your Internet submission by sending us your signature. (If you did not print the signature page from the electronic submission, type or print the following statement on a blank piece of paper: "My signature on this page supports the application for education benefits that was submitted through the Internet." Sign and date that piece of paper. Write your confirmation number, your Social Security Number (Item 1B on the form) and any VA file number (Item 1C) on the form (If previously assigned).

Then, do the following:

If you have selected a school or training establishment, mail the paper with your signature to the VA Regional Processing Office in the region of that school's physical address. See the next page for the post office box address for these offices. Then, follow the same actions as shown in (A), step 2, above.

If you have not selected a school or training establishment, mail the paper with your signature to the VA Regional Processing Office in the region of your home address. See the next page for the post office box address for these offices. Then, wait for VA to process your application and notify you of its decision concerning your eligibility for educational assistance.

	P. O. B	Region: onal Office ox 4616 14240-4616	
	Serves the fol	lowing states:	
СТ	DE	DC	ME
MD	MA	NH	NJ
NY	ОН	PA	RI
VT	VA	W۷	Foreign Schools
	P. O. Bo	nal Office ox 66830 O 63166-6830	
	Serves the fol	lowing states:	
CO	IA IA	IL	IN
KS	KY	Mi	MN
MO	MT	NE	ND
SD	TN	WI	WY
	P. O. B	K 74402-8888	
AK	AR	AZ	CA
HI	ID	LA	NM
NV	OK OK	OR	PHILIPPINES
TX	UT	WA	- THEILTIMES
	Southern VA Regio P. O. Box Decatur, GA Serves the fol	nal Office x 100022 30031-7022	
AL	FL FL	GA	MS
NC NC	PR	SC	US Virgin Islands
			us viidii island'

Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.526 for routine uses (e.g., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law enacted before January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information to determine your eligibility to education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 hour to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB (Office of Management and Budget) control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

OMB Approved No. 2900-0074 Respondent Burden: 20 minutes

2 Department of Veterans Affairs			
REQUEST (Under Chapters 30 and 32, Title 38, U.S.)	FOR CHANGE OF PE S.C.; Chapters 1606 a	ROGRAM OR PLACE OF and 1607, Title 10, U.S	TRAINING .C. and Section 903 of Public Law 96-342)
PA	RT I - IDENTIFICATION	AND PERSONAL INFORMA	ATION
1A. NAME OF APPLICANT (First, Middle, Last)			VA DATE STAMP DO NOT WRITE IN THIS SPACE
1B. MAILING ADDRESS (Complete street address, Cit	y, State, and 9-digit ZIP Co	ode)	
1C. APPLICANT'S TELEPHONE NUMBER	(Including Area Code)	1D. VA FILE NUMBER	
DAY	EVENING		
1		1F. SOCIAL SECURITY	OF APPLICANT (For chapter 30 transferability cases,
1E. APPLICANT'S E-MAIL ADDRESS	K. C. L. KONSKI K. SOMMINE	enter the veteran's	s social security number)
	PART II - YOUR PR	OGRAM INFORMATION	
2. EDUCATION BENEFIT YOU WANT TO RECEIVE (Or	nly Select One)		
A. CHAPTER 30 (Montgomery GI Bill - Active Duty)	C. CHAPTER 1606 (Mo	ntgomery GI Bill - Selected	E. TRANSFER OF ENTITLEMENT PROGRAM (Spouses and Children Entitled to Chapter 30 Benefits)
B. CHAPTER 32 (Veterans Educational Assistance Program including section 903)	D. CHAPTER 1607 (Res Assistance Program)		
3. HOW WILL YOU TAKE TRAINING?			
A. SCHOOL ATTENDANCE	D. COOPERATIN	/E TRAINING	G. LICENSING & CERTIFICATION TEST
B. CORRESPONDENCE	E. TUITION ASS	SISTANCE TOP-UP (Active Du	H. NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT
C. APPRENTICESHIP OR ON-THE-JOB TRAINING			
4A. WHAT EDUCATION, PROFESSIONAL OR VOCAT YOU WORKING TOWARD?	IONAL GOAL ARE 48	3. WHAT IS THE NAME OF TH	HE PROGRAM YOU ARE REQUESTING?
4C. IF CHANGING SCHOOLS, GIVE NAME AND COM- NEW SCHOOL OR TRAINING ESTABLISHMENT TO ATTEND (If applicable)	APLETE ADDRESS OF YOU ARE PLANNING	D. NAME AND COMPLETE AD TRAINING ESTABLISHMEN	DRESS OF OLD OR CURRENT SCHOOL OR
4E. TELL US WHEN AND WHY YOU STOPPED TRAIN SHEET IF NECESSARY.	IING AT YOUR PRIOR SCHO	OOL OR ESTABLISHMENT. CO	NTINUE IN REMARKS, ITEM 10, OR ON A SEPARATE
	PART III - DIRECT I	DEPOSIT INFORMATION	
 DIRECT DEPOSIT INFORMATION (Complete Please attach a voided personal check or pro Post-Vietnam Era Educational Assistance Pro 	vide the information in i	tems A through D below.	
A. TYPE OF ACCOUNT CHECKING SAVINGS	- Amana 200 (- 1000 (10)		
B. NAME OF FINANCIAL INSTITUTION	C. 9 DIGIT ROUTING	OR TRANSIT NUMBER	D. ACCOUNT NUMBER
	100 market 200 miles 500 m		

	P	ART IV - MIS	CELLANEOUS	INFORMAT	FION		
6. INFORMATION ON DI January 2, 1978) AN	EPENDENTS (COMPLETE THI ID YOU CURRENTLY HAVE D	IS ITEM ONLY	Y IF YOU SERY	VED BEFORI	E JANUARY 1, 197	7 (or had a	delayed entry before
	QUESTIONS				YES	(\sqrt)	NO (√)
A. ARE YOU CURRENTLY N B. DO YOU HAVE ANY CHI							
B. DO TOO HAVE ANT CH	ILDREN WHO ARE :						
(1) UNDER AGE 18 OR	~						
(2) OVER 18 BUT UNDER	R AGE 23, NOT MARRIED AND A	ATTENDING SC	CHOOL? OR				
(3) OF ANY AGE PERMA	ANENTLY HELPLESS FOR MENTA	AL OR PHYSICA	AL REASONS?				
C. IS EITHER YOUR FATHE	ER OR MOTHER DEPENDENT UPO	ON YOU FOR FI	INANCIAL SUPP	ORT?			, , , , , , , , , , , , , , , , , , ,
for each period of you	SERVICE (PERIODS OF ACT or active duty since your initia you attach a certified copy of ning.)	al period of ac	ctive duty if yo	ou have not	previously reported	this inform	nation, It will help VA
A. BRANCH OF SERVICE AND RESERVE OR GUARD COMPONENT SERVING IN DURING ACTIVE DUTY	B. BEGINNING AND ENDING DATES OF ACTIVE DUTY	INVOLUNTARI ACTIVE DU PERIOD? (If	RE YOU ILY CALLED TO ITY FOR THIS f yes send in your orders) NO (/)	ID. WHAT W	/AS THE CHARACTER UR DISCHARGE?	NATIONAL AUTHORITY	THIS ACTIVE DUTY IS GUARD DUTY, INDICATE IF Y IS TITLE 10 (FEDERAL) OR STATE), (ATTACH COPIES OF ANY ORDERS)
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SERVICE ACADEMY; UK N	FULL TIME ASSIGNMENT BY A S NON-CREDITABLE TIME (TIME LO I, SENTENCE OF COURT-MARTIA	JST BECAUSE (RTMENT TO A C OF INDUSTRIAL	IVILIÁN SCH OR AGRICUL	OOL FOR A COURSE LTURAL FURLOUGH, A	OF EDUCATI ARREST WIT	ION; ATTENDANCE AT A HOUT ACQUITTAL,
8. DO YOU EXPECT TO REC	I, SENTENCE OF COURT-MARTIA CEIVE EDUCATIONAL BENEFITS I N BENEFITS? <i>(Answer only if you</i>	LINDER THE GO	OVERNMENT EN Government em	IPLOYEE'S TE	RAINING ACT (GETA)	FOR THE SA	AME COURSE(S) YOU WILL
☐ YES ☐ NO							
CHECK "YES." SHOW CO	R DO YOU ANTICIPATE RECEIVING VICE FOR THE COURSE FOR WHO SIMPLETE DETAILS IN THE REMACE TOP-UP BENEFIT, CHECK "NO	IICH YOU HAVI	E APPLIED TO V	A FOR EDUC	CATION BENEFITS? IF	VALUABLE	COENT CHOIL BENEFITO
L YES L NO							
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PENALTY - Willful false s	ements in my application are statements as to a material fa					and may (
of these of other benefits	s and in criminal penalties.						
sign in this item. Be su	CANT (DO NOT PRINT) (Minor chure to read reverse side and the I	ildren must als nstructions and	io have their par Information sh	ent or guardi eet.)	an	11B. DATE S	SIGNED
	PART VI - CERTIFIC	CATION FOR	ADDI ICANTO	OUDDENT!	Y ON ACTIVE DUT	, 	
I CERTIFY THAT this ind education program	fividual is a member of the br		·····				regarding his/her
	AND BRANCH OF SERVICE OF AF	RMED FORCES	EDUCATION OF	FICER		12B. DATE	SIGNED
						l	
						l	

When Should You Use This Form?

Use this form when:

- · you're changing schools,
- . you're changing your educational, professional, vocational goal,
- you left your program due to unsatisfactory attendance, progress, or conduct; and you're now reentering the same program, or
- you were receiving VA education benefits as a veteran and now wish to receive benefits while on active military duty.

INSTRUCTIONS FOR SPECIFIC ITEMS ON THE FORM

Most items on this form are self-explanatory. Here is additional information on certain items.

Item #4A: Here are some examples of what we mean by "goals":

- Educational goal: GED certificate, high school diploma, bachelor degree, master degree, Ph.D
- Professional goal: lawyer physician, teacher, physical therapist, medical technologist, medical records librarian
- Vocational goal: stenographer, machinist, electronic technician, X-ray technician, radio and TV service technician, automobile mechanic, practical nurse.

Items #6: Provide your dependents information only if you have military service before January 1, 1977 (or delayed entry before January 2, 1978).

Items #11A and 11B: Make sure you sign and date these items. If you are currently on active duty, have your Education Service Officer sign and date Items 12A and 12B.

If You Need Help

If you need help in completing this form, you can contact us through our home page on the Internet. Our website is: www.gibill.va.gov. Click on Ask a Question and Find Answers. Or you may call us toll free at 1-888-GI-BILL-1 (1-888-442-4551.) If you're hearing impaired, call 1-800-829-4833. Please call 1-800-827-1000 if you want a VA counselor to help you in planning your program.

TO FILE THIS FORM:

(A) If you have selected a school or training establishment,

Step1: Mail the completed form to the VA Regional Processing Office in the region of that school's or establishment's physical address: Determine the correct office from the list below.

Step 2: Notify the veterans certifying official at your school or training establishment that you have applied for VA education benefits. Ask him or her to submit your enrollment information using VA Form 22-1999, Enrollment Certification, or its electronic version.

Step 3: Wait for VA to process your application and notify you of our decision concerning your continued eligibility for education assistance.

(B) If you have not selected a school or training establishment,

Step 1: Mail the completed form to the VA Regional Processing Office in the region of your home address. Determine the correct office from the list below.

Step 2: Wait for VA to process your application and notify you of our decision concerning your continued eligibility for educational assistance.

	Eastern 1					
	VA Region					
	P.O. Box 4616					
	Buffalo, NY 14240-4616					
	Serves the foll	owing states				
CT	DE	DC	ME			
MD	MA	NH	NJ			
NY	ОН	PA	RI			
VT	VA	WV	Foreign Schools			
	Central I	Region:				
	VA Regior	nal Office				
	P.O. Box	66830				
	St. Louis, MO	63166-6830				
	Serves the foll					
CO	IA	IL	IN			
KS	KY	MI	MN			
MO	MT	NE	ND			
SD	TN	WI	WY			
	Western	Region:				
	VA Region					
	P.O. Box	x 8888				
	Muskogee, OK	74402-8888				
	Serves the foll					
AK	AR	AZ	CA			
HI	ID	LA	NM			
NV	OK	OR	Philippines			
TX	UT	WA				

	Southern R	egion:				
	VA Regional Office					
	P.O. Box 100022					
	Decatur, GA 30031-7022					
	Serves the following states					
AL	AL FL GA MS					
NC	PR	SC	US Virgin Islands			

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.526 for routine uses (e.g. VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. The requested information is considered relevant and necessary to determine the maximum benefits under the law. While you do not have to respond, VA cannot process your claim for education assistance unless the information is furnished as required by existing law (38 U.S.C. 3471). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others may be subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine your continued eligibility to VA education benefits (38 U.S.C. 3471). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 20 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBIN.VA.EPA.html#VA. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.

OMB Approved No. 2900-0043 Respondent Burden: 15 minutes

22 Department of Veterans Affairs

DECLARATION OF STATUS OF DEPENDENTS

Privacy Act Information: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58 VA21/22 Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 USC 5101 (c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine marital status and eligibility for an additional allowance for dependents under 38 U.S.C. 1115. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information information unless a valid OMB number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid get information on where to send comments or suggestions about this form.

OMB control numbers can be located or get information on where to send comm	the OMB Internet Page at ents or suggestions about the	You are no www.white us form.	it required to respond to shouse gov/library/omb/	a collection of information of infor	tion if this number is not displayed. Valid If desired, you can call 1-800-827-1000 to
INSTRUCTIONS: Print all answers surviving spouse, the veteran must	Sign at Itali 10. Wildit	ign and di you have	ate this form (Items 1 completed this form,	8 and 19). Note: Ur mail it or take it to a	nless the claimant is the veteran's
1A. FIRST - MIDDLE - LAST NAME OF VE	ETERAN	2A. NAM	E OF CLAIMANT IIF oth	er than veteran)	3. FILE NUMBER
1B. VETERAN'S SOCIAL SECURITY NUM	SEASON STATE OF THE SEASON		MANT'S SOCIAL SECUR	RITY NUMBER	
4. ADDRESS OF CLAIMANT (No. and stre	set or rural route, city or P.(O., State an	nd ZIP Codel		
5A. MARITAL STATUS (Check one) MARRIED DIVORG	/Viel m to I term 1	RRIED (If a	hecked, do not complete	5B. IF MARRIE	ED, SPOUSE'S DATE OF BIRTH
NOTE: You must furnish compl	ATED		and your ourroat	mon	
have been married more than the	ince diffes, list addition	onal marr	riages in item 17,	Hemarks, " or atta	marriages. If you or your spouse ach a separate sheet.
6. HOW MANY TIMES HAVE YOU BEEN	SECTI	ON I - V	ETERAN'S MARRIA	AGES	
7A. DATE AND PLACE OF MARRIAGE (City,/State or Country)	7B. TO WHOM MAI (First, middle, last n		7C. SOCIAL SECURITY NUMBER	7D. HOW MARRIAGE TERMINATED (Death, Divorce)	7E. DATE AND PLACE TERMINATED (City/State or Country)
month day year Place:					
n			44		
month day year Place:			-		month day year
					Place:
month day year Place:					month day year
	SECTION II	SPOUS	SE'S PREVIOUS MA	ARRIAGES	Place:
B. HOW MANY TIMES HAS THE VETERAL	N'S CURRENT SPOUSE OR	SURVIVIN	G SPOUSE BEEN MARRI	ED?	
9A. DATE AND PLACE OF MARRIAGE	98.	TO WHO! (First, midd	M MARRIED de, last name)	9C. HOW MARRIAGE TERMINATED (Death, Divorce)	9D. DATE AND PLACE TERMINATED
month day year Place:					month day year Place:
month day year Place:					month day year Place:
month day year Place: A FORM 21- 5250			/A CODM 24 COG. D.C.		month day year Place:

VA FORM 21- 6860

EXISTING STOCKS OF VA FORM 21-6866, DEC 1999, WILL BE USED.

(Continued on Reverse)

OA. IS YOUR SPOUSE ALSO	A VETERAN?		108 \	WHAT IS YOU	JR SPOUSE"	S VA FILE NUMBER	R (If any)?	
☐ YES ☐ NO Ø	"Yes," answer Isem 108 also. I	f "No." skip to Item 11.)		### 16 VC:	o enoughis	ADDDECC:		
1. DO YOU LIVE WITH YOUR	R SPOUSE?		112. V	VHAT IS YOU	R SPOUSE'S	ADDHESS?		
	"Tes," skip to Item 144. If "No.							
3. HOW MUCH DO YOU CO	NTRIBUTE MONTHLY TO Y	OUR SPOUSE'S SUPPO	RT 7					
\$								
		TION III - VETERA						able to
NOTE: If any child is a support themselves be	claimed as "seriously (fore reaching age 18.	disabled" (Item 14) Furnish a statemer	i), it must	be snown i attending r	tnat the c physician	niid became pe or other medica	rmanentiy ui al evidence v	vhich
shows the nature and	extent of the physical	or mental impairm						
Note: In Items 14A thro						1		
14A. NAME OF CHILD (first, middle initial, last)	14B. DATE AND PLACE OF BIRTH (city, state or country)	14C. SOCIAL SECURITY NUMBER	14D. BIO - LOGICAL	14E. ADOPT - ED	14F. STEP - CHILD	14G. 18-23 YRS. OLD AND IN SCHOOL	14H. SERIOUSLY DISABLED	14I. CHILD PREVIOUSLY MARRIED
	mo day yr PLACE:							
	mo day yr PLACE:							
	mo day yr PLACE:							
Note: If any of the children	listed above don't live v	vith you, complete Ite	ms 16A thro	ugh 16C.				
16A. NAME OF CHILD #	irst, middle initial, last)	16B. CHILD'	S COMPLET	E ADDRESS	5	16C. NAME OF I	PERSON THE	
17. REMARKS								
I HEREBY CERTIFY TH	IAT the information I ha	ve given shove is true	and correct	to the best	of my knov	viedge and belief		
18. SIGNATURE OF CLAIM	ANT	19. DATE		L	20. TELI	PHONE NUMBE	R (S) (Include A	rea Code)
				A. DA	YTIME	B. (NIGHTTIME	
PENALTY: The law prov	rides severe penalties whic	h include fine or impris	onment, or b	oth, for the w	illful submi	ssion of any states	nent or evidence	of a material

CERTIFICATE OF AUTHORIZATION TO REVIEW/RELEASE RECORDS AND STATEMENT OF RESPONSIBILITY FOR PROGRESS AND ATTENDANCE

In order to receive my educational benefits under Title 38 of the United States Code, I hereby give permission to the Department of Veterans Affairs and the South Carolina State Approving Agency to review and if necessary copy my personnel records to include pay, attendance, and employment application during a Department of Veterans Affairs or a State Approving Agency Compliance Survey/visit.

I acknowledge my responsibility for completing a monthly <u>Attendance and Progress Report</u> (forms provided in this package) for each month I am in enrolled in the VA On-the-Job Training/ Apprenticeship program following my initial enrollment and for submitting the forms to the Trainer/Supervisor/Certifying Official at my place of employment. I understand that my Certifying Official may request that the VA suspend my benefit checks for this program if he/she consistently fails to receive my <u>Attendance and Progress Reports</u> on a monthly basis. I also acknowledge that only the Certifying Official is authorized to sign VA Form 22-6553d-1.

 Deine IN	· · · · · · · · · · · · · · · · · · ·
Printed Name	
 Signature	
Date	

VERIFICATION OF EMPLOYMENT DATE AND SALARY AND HOURS WORKED PER MONTH TO DATE VA ON-THE-JOB TRAINING/APPRENTICESHIP PROGRAM

	JOB / POSITIO	ON		
ESTABLISHMENT/AG				
The following information	on should be partition	rovided/verified by the Hur access to the <u>exact</u> informa	nan Resources/Personi	
1. Please provide the fir:	st date this vet	eran worked in the above j	ob	•
		as of the above date \$		
3. If training included th	ne SC Crimina	l Justice Academy, please i	ndicate the start and e	
4. If the above veteran h	as received sal	lary adjustments (COLA, n ture and the date and exact	nerit, etc.) since the da	te shown in # 1, or if nown, please indicate
		New Salary / Wage \$	/\$	
		New Salary / Wage \$		
		New Salary / Wage \$		
5. Please <u>project</u> an aver (It is understood that this	age % annual is merely a pro	New Salary / Wage \$	/ \$	 at vour establishment.
5. Please project an aver (It is understood that this occur at all.) COLA_ 6. Please provide the num 7. Please identify the tota	rage % annual is merely a pro % mber of hours al number of h ver is less. Thi	New Salary / Wage \$ salary adjustment (COLA, jection, and that an actual is Merit%. in a standard work week ours worked each month si is is the actual hours on-the	, merit) for employees ancrease could be more,	at your establishment. less, or might not # 1 or the most recent
5. Please <u>project</u> an aver (It is understood that this occur at all.) COLA 6. Please provide the num 7. Please identify the tota 12 month period, whichever was received (i.e. not paid that 1	rage % annual is merely a pro % mber of hours al number of h ver is less. Thi d leave, militar	New Salary / Wage \$ salary adjustment (COLA, spection, and that an actual is Merit%. in a standard work week ours worked each month si is is the actual hours on-the cy leave, etc.)	/ \$	at your establishment. less, or might not # 1 or the most recent
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5. Please project an aver (It is understood that this occur at all.) COLA 6. Please provide the num 7. Please identify the tota 12 month period, whicher was received (i.e. not paid onth 1 MO/YR 11 MO/YR 12 MO/YR 13 MO/YR 14 MO/YR	rage % annual is merely a pro % mber of hours al number of h ver is less. Thi d leave, militar Hours Hours Hours Hours	New Salary / Wage \$ salary adjustment (COLA, jection, and that an actual is Merit		at your establishment. less, or might not # 1 or the most recent which compensation For Certifying Official / Trainer Only Veteran's Progres -To-Date Has Been Assessed As:

SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION VETERANS EDUCATION AND TRAINING – STATE APPROVING AGENCY

1333 Main Street, Suite 200, Columbia, SC 29201 Voice: (803) 737-2260 Fax: (803) 737-2297

Personal Data Sheet Veterans On-The-Job Training / Apprenticeship Programs

Name:		SSN/VA #:	
Address:			
Street	City	State	Zip
Phone #:	Date you started work in current job	D :	Starting Pay: \$
Name of your current VA Or	n-the-Job Training or Apprenticeship	Objective:	
	pany's owner, manager, or officers?	☐ Yes ☐ No)
Do you have a financial inter	est in this business?	☐ Yes ☐ No)
Employer Information	<u>:</u>		
Employer:		Phone #:	
Address:			
Street	City	State	Zip
	g information about your previous ed shool you last attended:	lucation, work, and m	ilitary experience:
Civilian Education: Circle year or grade in so Middle School	chool you last attended: High School Bus	siness/Trade School	College
Civilian Education: Circle year or grade in so Middle School 5 6 7 8	chool you last attended: High School 9 10 11 12	siness/Trade School 1 2 3 4	<u>College</u> 1 2 3 4 5
Civilian Education: Circle year or grade in so Middle School 5 6 7 8	chool you last attended: High School Bus	siness/Trade School 1 2 3 4	<u>College</u> 1 2 3 4 5
Civilian Education: Circle year or grade in so Middle School 5 6 7 8 Name/location of last sch	chool you last attended: High School 9 10 11 12	siness/Trade School 1 2 3 4	<u>College</u> 1 2 3 4 5
Civilian Education: Circle year or grade in so Middle School 5 6 7 8 Name/location of last sch Last year attended:	chool you last attended: High School Bus 9 10 11 12	siness/Trade School 1 2 3 4	<u>College</u> 1 2 3 4 5
Civilian Education: Circle year or grade in so Middle School 5 6 7 8 Name/location of last sch	chool you last attended: High School Bus 9 10 11 12 nool attended: Diploma, Certificate	siness/Trade School 1 2 3 4	<u>College</u> 1 2 3 4 5
Civilian Education: Circle year or grade in so Middle School 5 6 7 8 Name/location of last sch Last year attended: Employment History:	chool you last attended: High School Bus 9 10 11 12 nool attended: Diploma, Certificate itary:	siness/Trade School 1 2 3 4	College 1 2 3 4 5 Yes No Official Use Only
Civilian Education: Circle year or grade in so Middle School 5 6 7 8 Name/location of last sch Last year attended: Employment History: Work prior to entering mil	chool you last attended: High School Bus 9 10 11 12 nool attended: Diploma, Certificate itary:	siness/Trade School 1 2 3 4 c, Degree received	College 1 2 3 4 5 Yes No Official Use Only
Civilian Education: Circle year or grade in so Middle School 5 6 7 8 Name/location of last sch Last year attended: Employment History: Work prior to entering mil 1. Employer and Location Job Title:	chool you last attended: High School Bus 9 10 11 12 nool attended: Diploma, Certificate itary:	siness/Trade School 1 2 3 4 c, Degree received	College 1 2 3 4 5 Yes No Official Use Only

Work after discharge from the military:
1. Employer and Location:
Job Title:# Months:
2. Employer and Location:
Job Title:# Months: (Attach additional page if necessary)
Military Experience:
Your Branch of Service:
Date you entered the service:
Date you were discharged/retired from service:
Primary Service Occupation: # Months:
Prior Use of GI Bill Benefits:
Name of college, vocational, or technical school:
Name of course/program:# Months:
2. Name of prior VA OJT or Apprenticeship Program:
Name and location of business:
No. months on OJT/APP program:
For SAA Use Only: Upon evaluation of this veteran or eligible person's prior experience(s), months or prior credit has been applied toward the current OJT or Apprenticeship program. This determination was made by the SAA on
I certify that the education and work experiences noted above are correct and that they accurately reflect any prior creconsidered appropriate for this enrollment. Yes No NA
Signature of Veteran
Signature of Employer/Trainer
Signature of SAA Representative

SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION STUDENT SERVICES DIVISION-STATE APPROVING AGENCY

1333 Main Street, Suite 200, Columbia, SC 29201 Voice: (803) 737-2260 Fax: (803) 737-2297

ON-THE-JOB TRAINING / APPRENTICESHIP AGREEMENT WORKSHEET

This a	greement entered into this day of	, 201	between:		
FAC:			Veteran's SSN	/Claim Numb	per:
Firm/E	Employer Name		Veteran/Trainee	Name	
Addres	SS	and	Address		
City, S	State, Zip	_	City, State, Zip		
For and	d in consideration of the covenants contained herein Employer shall employ and teach the Trainee the	e course leadi	ng to the objective of	DOT∙	
	(Schedule of work processes (training outline) at		•)I.)	
2.	The Trainee shall perform diligently and faithful	ly the work o	f the trade during the	period of train	ning.
3.	The training term begins the day of trainee has been granted months of credit accordingly.	for prior known	and terminates wledge or experience	upon completi , and the train	on of months. The ee wages have been adjusted
4.	Related training, if required, will be provided by	the training e	establishment.		
5.	The trainee shall receive the following wages on	the basis of a	hour workwe	ek:	
Start \$	per for months, effective	t, COLA, or vo	steran's performance ev	aluation.	months, effective
2 ^{na} \$	per for months, effective		6 th	r for	months, effective
2 nd \$	per for months, effective		\$pe		months, effective
4 th \$	per for months, effective		\$pe	r for	months, effective
			Completion Wag	<u>e</u>	ctive
6.	There is reasonable certainty that the job for completion of the course.	which the tr	rainee is trained wi	ll be available	e to him/her upon
7.	Upon successful completion of training, a certific provided. (The SAA will provide a suitable certification)	ate will be is ficate to the e	sued to the trainee incomployer.)	licating the lea	ngth and type of training
8.	Either party may terminate this Agreement by wr	itten notificat	ion to the SAA and t	he Veterans A	dministration.
Signatu	ure of Employer/Trainer:		Titl	e:	
Signatu	re of Veteran:				
	re of SAA Representative:			te [.]	

SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION STUDENT SERVICES DIVISION-STATE APPROVING AGENCY

1333 Main Street, Suite 200, Columbia, SC 29201 Voice: (803) 737-2260 Fax: (803) 737-2297 ON-THE-JOB TRAINING / APPRENTICESHIP AGREEMENT

Signature of Employer/Trainer:	Title:	***************************************
Signature of Veteran:		
Signature of SAA Representative:	Date:	

				For	For the Month of April	April	, 20 02
Veteran's Name	Richard W. Roe	SSN:	123-45-6789	SSN: 123-45-6789 Job Objective: Police Officer	icer	DOT: 375.263-014	3-014
Employer's Name	Employer's Name Any City Police Department	ļ					
Street Address	1 Police Department Blvd.	Normal	Work Week: 4	Normal Work Week: 40 Hrs. Current Rate of Pay: \$ 25,667 Effective Date: 18 Aug 01	y: \$ 25,667 E	ffective Date:	18 Aug 01
City, State, Zip	Any City, SC 29201	(if c	mpletion Wag	Completion Wage per Training Agreement: \$27,772	\$ 27,772 vise the wage scale)		

TOTAL		Continuing Education	Prepare Reports	Serve Warrants	Community Service	Evidence Procedures	Prelim. Investigations	Investigate Accidents	Answer Calls	Traffic Enforcement	City Ordinances	Department Paperwork	Patrol Assigned Area	Description	Description
12			1.0		1.0		1.0		2.0	1.0			6.0		T
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